



Capitol Police Section Officer Application

BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States citizen.
2. Must be at least 21 years of age on or before the date of appointment.
3. Vision must be correctable to 20/50.
4. Must possess a valid operator driver license.
5. Applicant must have earned a high school diploma or GED.

All applicants selected for positions as Capitol Police Section Officer will be required to sign a four year employment contract with the Department.

INSTRUCTIONS

No exception will be made for anyone not meeting all requirements. Any application for police employment received after competitive examinations start shall be held until the beginning of the next selection process.

The application must be typed or printed legibly in ink.

Answer all questions. If the question does not apply, state: "none" or "does not apply."

DO NOT enclose your original birth certificate.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). **If you have an address or phone number change after submitting this application, mail notification of the change to the Department immediately.**

Incomplete applications will not be considered and will be returned to the applicant. Any misrepresentation of facts on this application will disqualify the applicant.

Do not make inquiries regarding the status of the application; you will receive appropriate information concerning the application periodically. Complete applications will be kept in file for one year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.



CAPITOL POLICE SECTION OFFICER APPLICATION

Name: _____
Last First Middle Maiden
(if applicable)

Permanent Address: _____
Street or Rural Route Apt. Number

City State Zip County

Telephone Numbers: (Include area codes)

(Home) _____ (Business) _____ (Cell) _____

E-Mail Address: (Mandatory) _____
(An e-mail address is mandatory to continue in the selection process. Future correspondence will be received via e-mail)

Have you previously applied for a CPS Officer's position? ☐ Yes ☐ No

If yes, indicate the years in which an application was submitted or the selection process number.

Are you currently a state employee? ☐ Yes ☐ No

Have you previously been employed by the Indiana State Police? ☐ Yes ☐ No

If yes, indicate your PE number. _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
COMPLYING WITH ALL PROVISIONS OF
THE AMERICANS WITH DISABILITIES ACT.

RELATIVES DISCLOSURE INFORMATION

In an effort to avoid nepotism during the interview process and in order to comply with Indiana State Police Standard Operating Procedures and Indiana Code 4-15-7-1, it is necessary that you notify us of all relatives who have or currently work for the Indiana State Police in the spaces provided below.

For purposes of this procedure, "relative" means father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, niece, or nephew as defined in Indiana Code 4-15-7-1.

Name: _____ Relationship: _____

Division/District Assigned: _____

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

Name: _____ Relationship: _____

Division/District Assigned: _____

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

Name: _____ Relationship: _____

Division/District Assigned: _____

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

Name: _____ Relationship: _____

Division/District Assigned: _____

Status of Employee: ☐ Active ☐ Disability ☐ Retired ☐ Resigned ☐ Discharged

Signature _____ Date _____

NO RELATIVES EMPLOYED WITH THE INDIANA STATE POLICE

I do not have any relatives who have or currently work for the Indiana State Police.

Signature _____ Date _____

I. INITIAL REQUIREMENT DATA

A. Age: _____ Date of Birth: _____ (Attach copy of birth certificate.)

Sex: ☐ Male ☐ FemaleRace: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White☐ Other (Specify) _____B. Are you a U.S. citizen? ☐ Yes ☐ No

If no, explain on a separate sheet and attach documentation.

Social Security Number: _____

(For background clearance and payroll information, this number is required.
The application **will not** be processed without it.)**II. EDUCATION DATA (Attach transcripts for all listed.)**

List information for high school and all accredited colleges/universities you have attended.

Name and Address of School	Course of Study	Number of Hours Completed	GPA on a 4.0 Scale	Did you Graduate?	List Diploma or Degree

III. LAW ENFORCEMENT EXPERIENCE

A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?

☐ Yes ☐ No ☐ Full-Time ☐ Reserve / VolunteerDid you complete a state certified law enforcement academy? ☐ Yes ☐ No

If yes, list the date of completion, location and academy name.

Date law enforcement training was completed: _____

Did you receive a certification upon completion of training? ☐ Yes ☐ No

Number of basic training weeks: _____ Total training hours: _____

Agency	Dates		List Full Time or Reserve and Highest Rank Held	Reason for Leaving
	From	To		

B. Are you eligible for re-employment? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. List any specialty training you have received.

D. Were you ever disciplined? ☐ Yes ☐ No If yes, explain fully on a separate sheet.

IV. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty?

Include initial active duty training with the National Guard and the Reserves.

☐ Yes ☐ No **If yes, attach a copy of your DD214.**

Military Branch	Dates		Highest Rank Attained and Rank at Separation	Type of Discharge and Re-Enlistment Code
	From	To		

B. Are you eligible to re-enlist? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. Are you currently on active duty (full-time)? ☐ Yes ☐ No

What is your expected end-of-service obligation date? _____

D. List any citations and awards received.

E. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?

☐ Yes ☐ No If yes, explain fully on a separate sheet.

V. FAMILY DATA

A. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

B. Spouse's Maiden Name (if applicable): _____

C. Dependents (if applicable):

Name	Age	Relationship

D. Are you legally required to make child support payments? ☐ Yes ☐ No

Are you current on child support payments? ☐ Yes ☐ No

If no, explain. _____

VI. EMPLOYMENT DATA

- A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? ☐ Yes ☐ No If yes, explain fully on a separate sheet.
- B. List chronologically (beginning with the most recent employment) **all past and current employment including part-time.** (Use additional sheets if necessary.)

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

Name of Employer or Business: _____
Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year
Reason for Leaving: _____
Address of Business: _____
City: _____ State & Zip: _____ Phone: _____

VII. REFERENCES (Do not list relatives as references.)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

List all residences during the last five years other than present.

Street	City	State	Dates	
			From	To

VIII. VEHICLE CRASH AND ARREST RECORDA. Do you currently possess a valid operator driver license? ☐ Yes ☐ No

Expiration Date: _____ License Number: _____ License State: _____

Has your operator driver license ever been suspended/revoked? ☐ Yes ☐ No

If yes, explain. _____

B. List all vehicle crashes in which you have been involved as a driver (give date(s) and location(s).

Date	Location	Description

C. Have you ever received a ticket for a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence

D. Have you ever been arrested for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence

E. Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, explain on a separate sheet of paper

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? ☐ Yes ☐ No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case

G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?
☐ Yes ☐ No If yes, explain fully on a separate sheet.

IX. MISCELLANEOUS

- A. Do you own your own home? ☐ Yes ☐ No
If yes, how much is current mortgage indebtedness? _____
- B. What is the amount of your indebtedness, other than home? _____
- C. Annual Income: Applicant: _____ Spouse: _____
- D. Are you a proprietor or part owner of any business or firm?
☐ Yes ☐ No If yes, describe nature of business.

- Is there any business license(s) in your name, (i.e., liquor license)? ☐ Yes ☐ No
If yes, list the license(s).

- E. Do you currently possess a handgun permit? ☐ Yes ☐ No
- F. Have you ever been denied a handgun permit or had a handgun permit revoked? ☐ Yes ☐ No
If yes, why? _____

Mount photograph
in
this space.

Affix Securely

Photograph to be front view, head and shoulders,
2½" square, and taken within the past six months.

Other photographs are not acceptable.

I certify:

- 1. All required items are included with this application.**
 - A. Birth Certificate (copy only)**
 - B. High School and, if applicable, college transcripts
(grade reports are not accepted)**
 - C. Military - DD214 (if applicable), DD217 (if active duty)**
 - If active duty, letter of endorsement from military commander
 - Any supporting letters of commendations from military personnel file
 - Copies of specialized training certificates and awards
 - D. Previous law enforcement documentation**
 - Copy of law enforcement academy certificate
 - Copies of commendations and awards
 - E. Photograph - 2½" x 2½" head and shoulders**

I swear or affirm under penalty of perjury all information contained
in this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

Check application carefully - be certain all items are complete before mailing.

**This application will be returned to you if all information is not complete
and all required documents are not attached.**

Mail to:
Commander, Human Resources Division
Indiana State Police
IGCN, 100 N. Senate Ave., Room N340
Indianapolis, IN 46204-2259

- An Equal Opportunity/Affirmative Action Employer -
Complying with all provisions of the Americans with Disabilities Act